

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581632

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | 2 | 8 | | 8 | | 8 | |
| TOTAL DEP. | 13 | 11 | | 11 | | 11 | |
| TOTAL CLAIMS | 15 | 19 | | 19 | | 19 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| TOTAL IND. | | | | | | | |
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| TOTAL CLAIMS | | | | | | | |